## BAKER & BOTTS, L.L.P.

SAU 16

PATENT



# 30 ROCKEFELLER PLAZA NEW YORK, NEW YORK 10112-0228

212 705-5000 FACSIMILE 212 705-5020

Our File No.: <u>31064</u>

Date: July 29, 1998

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Podos et al.

Serial No.

08/853,803

Examiner

: Z. Fay

Filed

May 9, 1997

Group Art Unit

: 1614

For

NOVEL PROSTAGLANDINS FOR GLAUCOMA THERAP

Assistant Commissioner for Patents

Washington, DC 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- 1. [X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- 2. [] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- 3. [X] No additional fee is required.

### **CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on July 29, 1998.

Attorney Name Hisa B. Kole
Signature

Registration No. 35,225

Date of Signature July 29, 1998

#### The fee has been calculated as shown below:

	Claims remaining after amendt.	Highest No. Prev. Paid for			Present extra	SMALL ENTITY				OTHER THAN A SMALL ENTITY			
	(Col. 1)	(Col. 2)	1		(Col. 3)	RAT	E	<u>FEE</u>	<u>or</u>	<u>RA</u>	<u>re</u>	FEE	
Total	*	Minus **		=	0	<b>x</b>	11 =	\$0	<u>or</u>	x	22 =	\$0	
Ind.	*	Minus ***		=	0	x	41 =	\$0	<u>or</u>	x	82 =	\$0	
() First	t Presentation of	f Multiple Depend	lent Claim			+	135 =		<u>or</u>	+	270 =		
TOTAL ADDITIONAL FEE						=	\$0	<u>or</u>	TO	ΓAL =	\$0		

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. prev. paid for" in this space is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. prev. paid for" in this space is less than 3, write "3" in this space.
  - 4.(a)[] An Extension of Time to respond to the PTO communication dated is hereby requested. The required fee, indicated below, is enclosed herewith.

Extension for response (check only one):

	SMALL ENTITY			OTHER THAN A SMALL ENTITY			
Within first month	[]	\$ 55	[]	\$ 110			
Within second month	[]	200	[]	400			
Within third month	[]	475	Ĩ)	950			
Within fourth month	[]	755	[]	1,510			

(check and complete the next item, if applicable)

[] An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$.

or

- (b)[X] In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
- 5. [] Please charge our Deposit Account No. 02-4377 in the amount of \$. Two copies of this sheet are enclosed.
- 6. [] A check in the amount of \$ is attached.

7. [X] The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 and/or 37 CFR 1.17 associated with this communication or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

BAKER & BOTTS, L.L.P.

y Jisa P. Vala

PTO Registration No. 35,225

**Enclosures** 

16ECENTED 98 AUG -4 PH 7: 35